

CLASS	SUBCLASS	ISSUE CLASSIFICATION				PATENT NUMBER	
U.S. UTILITY Patent Application							
O.I.P.E. SCANNED Q.A.			PATENT DATE				
							05/17/2014
APPLICATION NO.		CONT/PRIOR	CLASS	SUBCLASS	ART UNIT	EXAMINER	
09/759777		D	514	71	16-14-	Bhhar	
APPLICANTS							
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TITLE							
Treatment of sexual dysfunction							

ISSUING CLASSIFICATION

TERMINAL DISCLAIMER		DRAWINGS			CLAIMS ALLOWED	
		Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed					NOTICE OF ALLOWANCE MAILED	
		_____ (Assistant Examiner) _____ (Date)				
<input checked="" type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent No. _____					ISSUE FEE	
		_____ (Primary Examiner) _____ (Date)			Amount Due _____ Date Paid _____	
<input checked="" type="checkbox"/> The terminal _____ months of this patent have been disclaimed.					ISSUE BATCH NUMBER	
		_____ (Legal Instruments Examiner) _____ (Date)				
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